

FILED  
U.S. DISTRICT COURT  
DISTRICT OF WYOMING

DEC 24 2009

Stephan Hahn, Clerk Page 2  
Cheyenne

UNITED STATES DISTRICT COURT  
DISTRICT OF WYOMING

JERAMIE JOHN E. LARGE )  
AND ALL OTHER CONFINED INMATES )

Plaintiff(s), )

vs. )

ADMINISTRATION, AND STAFF )  
MEDICAL STAFF AND PERSONAL )

\_\_\_\_\_) )  
\_\_\_\_\_) )  
Defendant(s). )

Case No. 09-CV-291-D

**PRISONER CIVIL RIGHTS COMPLAINT**

Under 42 U.S.C. § 1983

**1. Plaintiff(s)**

(a) Name: JERAMIE JOHN E. LARGE

Aliases: NONE

Prisoner number: # 98783

Place of confinement: PARK CO. DETENTION CENTER

Address: 1402 RIVER VIEW DR. COOTY, WY, 82414

(b) Name: \_\_\_\_\_

Aliases: \_\_\_\_\_

Prisoner number: \_\_\_\_\_

Place of confinement: \_\_\_\_\_

Address: \_\_\_\_\_

(If there are more than 2 plaintiffs, list them using this format on a separate sheet of paper.)

2. Defendant(s)

- (a) Defendant: RICHARD ATWOOD  
Title: LT. ADMINISTRATOR  
Place of Employment: PARK CO. DETENTION CENTER  
Address: 1402 RIVERVIEW DR CODY WYOMING 82414  
How defendant is sued (as an individual, official capacity or both): BOTH  
Was defendant acting under color/authority of law? ☒ Yes ☐ No
- (b) Defendant: HERK ALBRECHT,  
Title: DEPUTY, DNP, FNP, BC  
Place of Employment: PARK CO. DETENTION CENTER  
Address: 1402 RIVERVIEW DR CODY WYOMING 82414  
How defendant is sued (as an individual, official capacity or both): BOTH  
Was defendant acting under color/authority of law? ☒ Yes ☐ No
- (c) Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
How defendant is sued (as an individual, official capacity or both): \_\_\_\_\_  
Was defendant acting under color/authority of law? ☐ Yes ☐ No

(If you have more than 3 defendants, list them using this format on a separate sheet of paper.)

3. Statement of Claims

CLAIM ONE:

State here the constitutional right that the defendant(s) violated.

RIGHT AND ACCESS TO LAW LIBRARY, LITITURE

Supporting facts:

Carefully tell what the defendant(s) did to violate the constitutional right you listed above. Name each person involved. Describe how the violation happened. Give the places and dates where each event took place. If your facts are not complete and do not show how the defendant(s) violated your rights, your complaint may be dismissed.

ON JUNE 27, WAS CONFINED, NEEDED ACCESS  
TO LEGAL LITITURE FOR ISSUES CONCERNING  
MY CASE AND CONCERNS. I WAS NOT  
ALLOWED OR GRANTED MY CIVIL LIBERTYS,  
AND DENYED DUE PROSESS.

ON JULY 1, 2009, WAS CONFINED AGAIN WITHOUT  
ANY ACCESS EVEN AFTER JUDGE CRANFORD  
COURT ORDERED 1-2 HOURS A WEEK.  
MOST GARRETTES JAIL ARE GUARDED  
AND RIGHTS HAVE VIOLATED. THIS  
DETENTION SHOULD HAVE A LAW LIBRARY  
INSTALLED GIVING INMATES ACCESS  
BUT THIS JAIL DOES NOT HAVE LAW BOOKS TO  
DO SO,

CLAIM TWO:

State here the constitutional right that the defendant(s) violated.

DENIED MEDICAL ATTN. ONLY IF YOU HAVE  
FUNDS TO PAY, DENTAL NEEDS, AND ALSO  
UNLICENCED PRACTITIONER.

Supporting facts:

Carefully tell what the defendant(s) did to violate the constitutional right you listed above. Name each person involved. Describe how the violation happened. Give the places and dates where each event took place. If your facts are not complete and do not show how the defendant(s) violated your rights, your complaint may be dismissed.

I HAVE HAD PROBLEMS WITH MY INFECTED  
TEETH. THE SAME OCCURRENCE OF INFECTION  
RETURNS EVER 4-6 WEEK THEY REFUSE TO  
TREAT THE PROBLEM FULLY- HAVING THE TOOTH  
PULLED OR REMOVED BECAUSE IM INDIGENT  
AND CLASSED AS A POOR PERSON, BUT THE  
KEEP CHARGING MY ACCOUNT EVERY TIME  
I HAVE A FOLLOW UP. ABSCESS D TEETH  
A VERY PAINFUL AND THE INFECTION  
CAN SPREAD CAUSING MORE PROBLEMS  
EAR INFECTION, EYE DAMAGE, EVEN REPORTS  
OF TUBERCULAR DEATHS,

(If you have additional claims, list them using this format on a separate sheet of paper.)

**4. Exhaustion of Administrative Remedies as to Claim One**

You are required to exhaust (use up) all your administrative remedies before bringing this action in federal court.

- (a) Is there a grievance procedure at your institution? ☒ Yes ☐ No
- (b) Have you filed a grievance about the facts in claim one? ☒ Yes ☐ No

(If you did not file a grievance, skip to d.)

- (c) If your answer is YES:

1. Was the grievance: Informal ☐ Formal ☐ Both ☒
2. What was the result? THAT THEY DONT PROVIDE  
HEALTH CARE, OR LAW LIBRARY
3. Did you appeal? ☒ Yes ☐ No
4. If you did appeal, what was the result? I ASK JUDGE TO  
COURT ORDER ACCESS,

- (d) If your answer is NO, explain why you did not file a grievance: \_\_\_\_\_

**5. Exhaustion of Administrative Remedies as to Claim Two**

- (a) Is there a grievance procedure at your institution? ☒ Yes ☐ No
- (b) Have you filed a grievance about the facts in claim two? ☒ Yes ☐ No

(If you did not file a grievance, skip to d.)

- (c) If your answer is YES:

1. Was the grievance: Informal ☐ Formal ☐ Both ☒
2. What was the result? THAT IT WAS A CONDITION  
OF CONFINEMENT
3. Did you appeal? ☒ Yes ☐ No

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4. If you did appeal, what was the result? NO RESPOND

(d) If your answer is NO, explain why you did not file a grievance: \_\_\_\_\_

6. List all lawsuits you have filed in any state or federal court

- (a) Defendants: ADMINISTRATOR LT. RICHARD ATWOOD  
Name of Court: UNITED STATES DISTRICT COURT  
Result: DISMISSED - CONDITION OF CONFINEMENT  
Date of result: \_\_\_\_\_
- (b) Defendants: \_\_\_\_\_  
Name of Court: \_\_\_\_\_  
Result: \_\_\_\_\_  
Date of result: \_\_\_\_\_

(If you have filed additional lawsuits, list them using this format on a separate sheet of paper.)

7. Relief

State briefly what you want the Court to do for you.

I WOULD LIKE THE ADMINISTRATION TO BE  
INVESTIGATED, BY STATE AND FEDERAL EMPLOYEES  
I BELIEVE THAT CONCERNS HAVE IN FACT BEEN  
CUT, LICENCES AND CERTIFIED EMPLOYEES  
HAVE BEEN DISREGARDED FOR THERE  
BUDGET, ON MEDICAL, MEALS, LEGAL  
ACCESS - NAIL SERVICE, CHARGED FOR  
LEGAL NAIL - DENIED TO SEE DOCTOR W/  
A STATE LICENCE AND LEGAL TO RUN  
A PRACTICE LICENCE, CONCERNS OF  
MALPRACTICE, PLEASE TAKE UNDER ADVISMENT.

#### PRISONER FILING FEE INFORMATION

- (1) The filing fees are:  
Motion to Vacate Sentence (28 U.S.C. § 2255) \$0.00  
Petition for Writ of Habeas Corpus (28 U.S.C. § 2254) \$5.00  
Civil Rights Complaint \$350.00  
All Appeals to Tenth Circuit \$455.00

(2) If you are filing a petition for writ of habeas corpus, or are appealing a denial of a petition for writ of habeas corpus or a § 2255 motion, you must pay the entire filing fee unless you are granted leave to proceed without prepayment of fees or security under 28 U.S.C. § 1915(a)(1).

(3) If you are filing a civil rights complaint or appeal, you are required to pay the entire filing fee, even if you are granted leave to proceed *in forma pauperis*. If you do not have sufficient funds in your trust account to pay the entire fee at this time, you will be required to make an initial partial payment of the filing fee and subsequent monthly payments until you have paid the entire filing fee.

(A) Your initial partial payment will be 20% of your average monthly balance or the average monthly deposits to your account, whichever is greater. Thereafter, you must pay installments of 20% of the preceding month's income, including all deposits to your account;

(B) You must continue to make installment payments until the filing fee is fully paid, without regard to whether your action is closed or you are released from confinement.

#### PRISONER FILING FEE AUTHORIZATION

I request and authorize my custodian to send to the Clerk of the United States District Court for the District of Wyoming a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent). I further request and authorize my custodian to remit the entire filing fee to the Clerk if I have sufficient funds in my trust account to pay the full fee. If I do not have sufficient funds to pay the full filing fee, I request and authorize the custodian to calculate and disburse funds from my trust account (or institutional equivalent) in the amounts specified by 28 U.S.C. § 1915(b). This authorization is furnished in connection with a civil action or appeal, and I understand that the total amount of the filing fee is \$350.00 for a civil rights complaint and \$455.00 for an appeal to the Tenth Circuit Court of Appeals. I also understand that these fees will be withdrawn from my account **regardless of the outcome of my action or appeal**. This authorization shall apply to any other institution to which I may be transferred.

10 Dated: December, 2009.

  
Signature of Prisoner

**CERTIFICATE OF PENAL INSTITUTION**

I hereby certify that on \_\_\_\_\_, 20\_\_\_\_, the prisoner herein had the following amount in his/her prisoner's trust fund account:

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of authorized trust fund officer

\_\_\_\_\_  
Printed or typed name of authorized officer

\_\_\_\_\_  
Title of authorized officer

\_\_\_\_\_  
Name of institution



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**Certificate of Truthfulness**

I certify that the facts in this complaint are true to the best of my knowledge, information and belief.  
I understand that if this certification is not correct, I may be sanctioned by the court.

Signed this 16 day of DECEMBER 20 09

*Jerranie John E. Large*  
Signature of plaintiff or plaintiffs

Jerranie John E. Large  
Print name of plaintiff or plaintiffs

**Certification of Mailing**

I declare under penalty of perjury that this Complaint was placed in the institutional mailing system  
or deposited with prison officials on the DECEMBER 16, 09 (month, day, year).  
I attest that first-class postage has been prepaid.

Executed (signed) on \_\_\_\_\_. (date)

*Jerranie John E. Large*  
Signature of plaintiff or plaintiffs

Receivable Charge  
Receipt # B3138

Park County Detention Center  
12/13/2009 23:18:54  
ST 002 / OPR DCN

LARGE,  
JERAMIE JOHN

RIMS ID Number : 98783  
Date of Birth : 02/01/1976  
Location : D

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Indigent Supplies -	Old Bal	:	\$32.06
	Charged	:	+ \$1.48
	Collected	:	- \$0.00
	New Bal	:	\$33.54

Comment : 6 paper, 1 pencil, 3 envelopes

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Total Collected :            \$0.00

Debt Balance :            \$110.61  
Commissary Balance :       \$0.00

If you are out of the facility at mealtime due to court or appointment you will be provided your meal when you return. Meals for work release inmates will be provided ONLY while they are in the facility.

All food items provided at mealtime are to be either consumed, or disposed of, prior to lights out on the day they were provided. Deputies may dispose of food items found in your possession from the day before.

### **MEDICAL SERVICES**

No inmate will be denied reasonably necessary medical care based on financial status. There will be a cost of ten-dollars charged against an inmates account for a medical visit. The cost of any medical care provided will be deducted from the inmates account. Medical deductions resulting in a negative balance may be added as restitution to the inmate final offense disposition, or the County in Civil Court may seek restitution.

Inmates being incarcerated that require supervised medical care or prescription medications will be required to complete a release of medical information at the time of their booking, to enable the Detention Facility Medical Authority to contact your physician. This will allow your physician and the Detention Medical Authority to establish a medical care plan for you during your time of incarceration. Failure by the inmate to complete the needed medical release form may cause a disruption in the provision of needed medications and medical care.

Payment for routine dental and eye care appointments must be taken care of before the appointment.

You will be billed by the appropriate medical agencies for out-of-facility doctor appointments, hospital stays, emergency room visits, etc. You will be responsible for all payments related to these services.

If you have an emergency medical need that is imminently life threatening, you will be transported to the emergency room by ambulance. You may be fully shackled and be required to remain in the shackles throughout the visit.

If you have a doctor appointment, the appointment and its necessity will first be confirmed. Once confirmed, you will be transported at the proper date and time to the appointment. You will be transported in your Detention Facility uniform, and you will be and remain fully shackled throughout the appointment.

You will only receive a non-prescription medication for a limited period, depending on review by the Detention Facility Medical Authority. If you continue to need the medication after the provision has been stopped, you will need to complete a non-emergency medical request and see the Detention Facility Medical Authority for the authority to continue.

Requests for any facility provided over the counter medications must have a signed request slip turned in at least one hour prior to the scheduled med pass time at which the inmate wants the medication provided. Detention staff has the option of providing a requested over the counter medication earlier than the scheduled med pass time, if time and staffing allow.

If an inmate wants to receive an over the counter medication that is not listed above, the inmate will have to complete a non-emergency medical request to see the Detention Facilities' Medical Authority for permission to have the requested medication brought in.

To eliminate the need of have the following items brought in, the Detention Center has available for purchase, 4 oz. Contact Solution \$4.00, Contact Lens Case \$2.00, Reading glasses (1.50 power) \$8.00, and Denture Adhesive \$4.00. The cost of the item requested will be deducted from your financial account. ~~If indigent, you will be allowed to purchase the above items, placing your account in the negative.~~ In the case of reading glasses, if at your release, they are returned in good condition we will take them back and credit your account.

## **INMATE ACCOUNT**

You may have money deposits made to your inmate account. Currency, cashier checks, and money orders are accepted. Personal checks are not accepted. Cashier checks and money orders must be made out to the Park County Detention Center with your name in the memo area. If a cashier's check or money order arrives with your name on the payee line, you must endorse the check or it will be sent back to the sender.

Money deposits to your account must be made on a visit day or through the mail. The person leaving money for you on a visit day will not require an appointment or be an approved visitor.

If you have a negative account balance, as funds become available on your account, a portion of the funds will be used to satisfy your debt.

If you do not have the expense paid at the time of your release, you will sign a "notification of money owed" before being released. You may have to set up a payment plan at that time. The negative balance will be maintained until satisfied. If you are again booked into the Park County Detention Center and